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Reviewed By:	Approved By:		
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Signature	Date:	Signature	Date
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DEPARTMENT: ENVIRONMENTAL SERVICES - MAINTENANCE

SUBJECT: EMERGENCY/DISASTER PREPAREDNESS PLAN

POLICY:

New Community Extended Care Facility (NCECF) shall establish an Emergency Program to comply with all applicable Federal, State and local Emergency Preparedness (EP) requirements during possible disasters and emergencies, including, but not limited to: fire, flood, severe weather, electricity or water service interruption, active shooting; and resident specific crisis, which is beyond staff control and design. The Administrator/Designee shall determine when a situation is designated as "External and/or Internal Disaster" and shall introduce the appropriate disaster plan.

DEFINITIONS

External Disaster: Such a disaster is a public catastrophe, either manmade or caused by an act of God. An external disaster may devastate normal facility functions. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, military action, among other causes.

Internal Disaster: This is an event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of residents, such evacuation will be coordinated with emergency service personnel from the fire and police departments.

It is the responsibility of the Administrator or his/her designee to activate the Emergency Preparedness Plan.

PROCEDURE:

1. The Disaster Plan is put into effect by the Facility Administrator/Designee.
2. The facility will ensure continuous functioning of the facility in times of internal or external major disaster(s).
3. The Plan include, but is not limited to the following elements:

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- 3.1. An evacuation strategy for immediate evacuations, for such events as fires or smoke issues; or potential evacuations for such events as impending severe weather;
- 3.2. A recognized common plan that addresses essential issues, such as supplies, staff and beds;
- 3.3. Interventions necessary to ensure supply, equipment and pharmaceutical support in the event such services are interrupted;
- 3.4. An established relationship with local Public Safety and Emergency Management Services (EMS) officials.
- 3.5. The plan will indicate the location of emergency exits, evacuation procedures and telephone numbers of police, fire, ambulance and emergency medical transport to be contacted in an emergency;
- 3.6. Address the physical and cognitive needs of residents and will include special staff response, including the procedures needed to ensure the safety of the residents.
- 3.7. Provide for the conducting of annual Table Top Exercise, Simulated Evacuation Drills and rehearsals for all shifts.
- 3.8. Review of the EP Plan will be included in the orientation of new employees at the time of employment.
- 3.9. The plan will be reviewed periodically and annually.
- 3.10. All Staffs will be trained to perform the tasks assigned to them.

OVERVIEW OF COMMAND SYSTEM FUNCTIONS:

- **Incident Commander:** Leads the response, appoints section leaders, and approves plans and key actions (e.g. CEO, Administrator, Director of Nursing (DON) or Nursing Supervisor.)
- **Operations Section:** Handles key actions including first aid, search and rescue, fire suppression, securing the site (e.g. DON, Department Supervisors, Nursing Supervisor, and direct care staff.)
- **Planning Section:** Gathers information and thinks ahead; makes and revises action plans; and keeps all team members well-informed and communicating. (e.g. Safety committee, operations planning team, etc.)
- **Logistics Section:** Finds, distributes and stores all necessary resources (e.g. maintenance supervisor, central supply, human resources director)
- **Finance Section:** Tracks all expenses, claims, activities and personnel time and is the record keeper for the incident (controller, accounts dept. business office, payroll.)
- **Public Information Officer:** Provide reliable information to staff, visitors, families, the news media and concerned others as approved by the Incident Commander (e.g. Social Worker, Communication's Director and Administration Personnel)
- **Safety Officer:** Ensure safety of staff, residents and visitors; monitor and correct hazardous conditions. Has authority to halt any operation that

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pose immediate threat to life and health. (Position is staffed as designated by Administrator).

- **Liaison Officer:** Serves as the primary point of contact for supporting all agencies assisting the facility. (e.g. Social Worker, Administration Personnel)

In the event that total evacuation of the facility is necessary, the Transportation Officer or designee will assume the responsibility for the facility evacuation. Each resident will be rated as to the type of transportation necessary:

1. Ambulatory
2. Ambulatory with assistance
3. Wheelchair
4. Stretcher

If an internal disaster disables the facility's essential utility services, the Administrator or designee will determine whether a contracted service will be used so that reserve utility provisions such as emergency power can be provided. Emergency power will be limited to providing temporary lighting so staff can perform essential functions, such as securing the doors of the facility, backing up computer data, and obtaining urgent medical data to provide to a primary care physician.

COMMUNICATIONS:

All communication, both within and outside the facility, will be coordinated through the Administrator or designee via the receptionist desk. Both the phone system and cell phones will be used to provide communications between the facility and outside agencies.

In an event that total phone loss occurs, walkie-talkie will be utilized within the perimeters of the facility; cell phones, if operational will be used; and in a situation that none of the above is functional or operable, a messenger will be assigned to carry messages back and forth (most likely NCC Security) within the facility until other arrangements are made.

RADIOACTIVE OR CHEMICAL ISOLATION AND DECONTAMINATION:

If an occurrence involves radioactive materials or hazardous chemical spills requiring outside assistance, the Administrator or designee will contact the licensed and certified hazardous waste contract provider. State radiation safety authorities will also be contacted in accordance with State law.

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DISRUPTION OF SERVICES AND MANAGEMENT OF SPACE, SUPPLIES, COMMUNICATIONS, AND SECURITY:

If a portion of the facility is incapable of supporting resident care but total evacuation is not required, the following procedures will be followed:

Space Allocation: Patients will be served in unaffected areas of the facility that are able to safely provide services.

Supplies: The Administrator or designee will be immediately notified of any situation that necessitates an increased level of supply items. The facility shall maintain non-perishable food supply in the form of canned goods that can serve in-house residents/staff up to forty-eight (48) hours during an emergency. This food is stored in the kitchen back up storage. Food can also be purchased from surrounding stores such as Shoprite, Food Depot, Joe's Supermarket, etc. Facility vendors will be contacted by Food Service Director requesting additional food supply.

Security: On site security officers are assigned to each shift, however, needs that might exceed the capability of contracted security officer(s) will be relayed to the local police department. The facility security forces will assist in preventing hordes of curious onlookers from entering the facility and interfering with routine facility functioning; secure exits, directing traffic away from the hazardous situation, etc. Routine visiting privileges and routine visiting hours might be suspended in parts of the facility.

DISASTER PROCEDURES FOR STAFF MEMBERS:

- In the event of either internal or external disaster, the Administrator or designee can initiate the Disaster Call/Emergency Contact List.
- On arrival at the facility, staff members will report to the call center (conference room) to log in and be assigned to whatever tasks are required - in direct resident care, preparing for evacuation, or other assignment.
- If a regular work shift ends during the declared emergency period, all staff members will stay at their respective assignments until officially relieved by order of the Administrator or designee.
- All staff members will report changes of address and telephone numbers, as well as their response time to the facility, to the personnel coordinator as soon as a change becomes effective. The personnel coordinator will continually update the Disaster Call/Emergency Contact List and provide it to the Administrator or other designees.
- The Administrator or designee will verify that personnel are assigned to call the staff members listed on the Disaster Call/Emergency Contact List appropriately.
- These assignments will be conducted by identified staff members available for this task until the arrival of the personnel coordinator.

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POLICY – EMERGENCY PREPAREDNESS PLAN

MANAGEMENT OF RESIDENTS IN DISASTER SITUATIONS:

- If a disaster or an emergency involves the facility or staff members, all less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full functionality.
- The Administrator or designee will determine whether these less-than-essential services are to be affected and, if so, when.
- Staff members normally involved in provision of services determined by the Administrator or designee to be less than essential will make themselves available for other duties. These duties may include helping move residents from the affected area of facility to an unaffected section. These staff members will also be responsible for providing any resident transportation.
- Obtaining devices, such as wheelchairs, carts, and so forth, to facilitate the movement or evacuation of residents from the facility.
- All staff members will be familiar with the overall clinic NCECF Emergency Preparedness Plan.
- Facilitation of resident movements, including admissions, transfers, and control of resident information, will be directed by the individual assigned by the Administrator or designee. Information concerning any patient will be released only by a qualifying physician or at the direction of the Administrator or designee.
- In disaster or emergency situations requiring additional physicians, those physicians will be directed by the Medical Director, as outlined in the physician staff policies and procedures manual.

ADDRESSING THE MEDICATION NEEDS OF PATIENTS:

1. NCECF maintains a 24-hour telephone answering capacity. During the hours of 8 a.m. – 4:00 p.m. the reception desk and lobby area is manned by a receptionist and or security officer. Thereafter reception area is manned by a security officer during the hours of 4:00 p.m. – 12:00 midnight and also between 12:00 midnight – 8:00 a.m.
2. The facility or organization provides a roster of patients and a log of medication dosages that is accessible to the staff person on call for verification purposes. Verification is accomplished through the following processes: **A hard copy is pulled from the system or from the resident's medical records by the Nursing Supervisor on duty.**

TRAINING OF STAFF IN EMERGENCY PREPAREDNESS PROCEDURES:

All NCECF personnel are made acquainted with the disaster, fire, and emergency plans during their new hire orientation process, designated mandatory yearly in-services and as needed.

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EMERGENCY PREPAREDNESS DRILLS:

- Semiannual drills will be conducted. These drills will be held no less than 4 months and no more than 8 months apart. Staff members will participate as required to fulfill the requirements for compliance.
- Feedback concerning any type of drill conducted will be reviewed by the facility **Safety Committee** for necessary actions. For each drill, preparedness and resident management will receive specific attention to evaluate the effectiveness of the policy and implementation of policy by staff members.
- The Safety Officer will be responsible for communication of any information or recommendations about proposed changes in the Emergency Preparedness policy. The Safety Officer will see that proposed changes are implemented as specified.
- The Safety Officer will, on a random basis, quiz staff members concerning the Emergency Preparedness Plan and their roles in any drill. This process serves as a source of feedback, which the Safety Officer can use for evaluation of the overall effectiveness of the plan.

ALTERNATIVE SITE:

Memoranda of Understanding (MOU) shall remain in place with the following facilities:

Complete Care Summit Ridge, St. Joseph University Medical Center, Manhattan view Care Center and Sinai Medical Center

See Transfer Agreement (s) located in section TAF # E-0025 for details.

INTERNAL DISASTER PROCEDURES: If there is an occurrence (explosion, bomb threat, fire) in which the number of people requiring care exceeds the immediate resources:

The Administrator or designee will evaluate the area or modality needs, including staff.

Department Heads/Supervisors will send all available staff to the Administrator or designee for assignment:

- Primary location: 1st Floor Large Conference Room (SR), if this area has been compromised then uses 1st Floor Staff Cafeteria (the secondary location).
- Staff members will await further instructions from the Administrator or designee.
- Staff members will activate the modality or service callback list, obtain approximate response times of employees, and have employees report to the staffing pool to be assigned as needed.
- The facility will maintain operation as normally as possible.
- If additional staff members are necessary, the Administrator or designee will evaluate contacting outside support/staffing agencies.

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- Disaster alert status and function will be maintained until “Emergency all clear” is announced or indicated by Administrator or designee.

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BOMB THREAT (CODE GREY):

If a bomb threat is received, the receptionist and Administrator or designee will be notified immediately. Who will immediately notify NCC security head office and initiate 911 call.

Staff members will maintain a calm environment.

- 1) All personnel will passively search for items that look out of place but will *not* move items while searching the facility. The bomb squad will do this. Employees will make note of any unusual looking item but will *not* touch or disturb it in any manner.
- 2) The Administrator or designee will prepare an evacuation plan to be initiated on order of the bomb squad, Safety Officer or designee.
- 3) All personnel will try not to upset residents and will assist in evacuation, if not assigned to other duties by the Administrator or designee.

EXTERNAL DISASTER PROCEDURES:

If there is an occurrence in a location other than those listed previously in which the number of people requiring care exceeds the immediate resources of the facility:

The command center will have a fixed location in the 1st floor large conference room with mobile sites located at a freestanding site elsewhere. The Administrator or designee will be the person in charge with the following duties:

1. Approving the implementation of the Emergency Preparedness Plan and evacuations
2. Maintaining information flow throughout the facility.
3. Determining the extent of callback
4. Identifying new designated areas if needed and communicating this information to the staffing pool, physician pool, and others within the facility.
5. A staffing pool will be located in an unaffected area. The staff cafeteria area will be used if the Conference has been affected by the disaster.

The Operations manager or designee will be the person in charge with the following duties:

1. Maintaining a log of resources reporting to the staffing pool
2. Maintaining a record of assignments made from the staffing pool (who, where, when returned)

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3. Maintaining a quiet, calm atmosphere
4. Communicating needs for personnel to the Administrator or designee
5. Communicating availability of services status to the command Administrator
6. Making modality assignments and relaying information to the Information Officer.

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INFORMATION CENTER:

An information center will be located in the conference room on the 1st floor. In the event that the facility is compromised an alternate center will be located at the Health Care building 2nd Floor office located at 278 South Orange Avenue.

The Public Information Officer or designee will be the person in charge with the following duties:

1. Maintaining approved information flow to the public
2. Maintaining approved information flow to families of people involved in the disaster
3. Maintaining the waiting area for patients and visitors
4. Maintaining and distributing a log for outside agencies, if appropriate.

EVACUATION PROCEDURE:

If treatment areas are undamaged, they will be used as usual.

Immediate Evacuation

1. First move residents and others who are closest to the danger.
2. Separate an emergency area from people by a fire door.
 - a. Move medical records with patients, if possible.
 - b. In event of fire, *do not* use elevators.
3. Lead ambulatory patients to exit using the evacuation plan posted in the area.
4. Move non-ambulatory and helpless residents down evacuation route by means of emergency carriers.
5. Notify the telephone operator of the nature of the emergency.

Planned Evacuation

Planned evacuation will be initiated by the Administrator or Safety Officer only. The telephone operator or a runner will notify the services of need, extent, and time frame of the evacuation.

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Evacuation Areas:

The parking lot will be the designated evacuation area except that in inclement weather, the Administrator or Safety Officer will indicate a secondary evacuation area.

FINANCE DISASTER PLAN:

- All personnel assigned to the finance department will report to the supervisor or the staffing pool.
- At the “all clear” announcement, personnel will resume normal operational functions.

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ADMISSION DISASTER PLAN:

- One (1) employee will report to the administration area to assist the admissions coordinator with admissions of new patients.
- Updated control will be maintained hourly, and the receptionist will receive a copy of the revised plan.
- The Logistics Officer or designee will be responsible for collection and safekeeping of valuables belonging to injured persons.
- Personnel with no specific assignments will report to staffing pool.

BUSINESS OFFICE DISASTER PLAN:

- One (1) employee will report to the Administrator or designee to assist at the information center.
- All other personnel in the business office will report to the staffing pool.

STAFFING DISASTER PLAN:

- All personnel will remain at the facility.
- Available staff will assist the assigned staff member in callbacks of employees at the direction of the command Administrator or designee.
- On completion of callbacks, available staff will report to the staffing pool and will be prepared to take over the leadership role of the staffing pool if needed.
- At the “all clear” announcement, staff members will return to modality or service operations.

STAFF AND STAFF FAMILY SUPPORT ACTIVITIES:

This plan acknowledges that the staff of New Community Extended Facility (NCECF) is its greatest asset. If staff or staff family members are directly impacted by a community emergency or disaster, the

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facility's leadership will be sensitive to this and attempt to extend necessary services to the staff and family alike.

Support of impacted staff and families may include: referrals to disaster relief organizations and referrals for incident stress debriefing. The Administrator or designee will be available to discuss any staff or family needs based on staff family impact or community emergency or disaster.

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MEDICAL RECORDS:

All personnel will report to the command center and await further instructions.

PERFORMANCE STANDARDS:

Performance standards for this plan will include:

1. Emergency preparedness knowledge and skill for staff
2. Completion of two emergency preparedness drills per year
3. The level of staff participation in emergency preparedness management
4. Monitoring and inspection of preparedness activities
5. Emergency and incident reporting procedures that specify when and to whom reports are communicated
6. Inspection, preventive maintenance, and testing of applicable equipment
7. Use of space
8. Replenishment of supplies
9. Management of staff.
10. At least one specific performance standard in this plan will be identified for measurement at any given time.

ANNUAL EVALUATION: An annual evaluation of the effectiveness of the Emergency Preparedness Plan undertaken at NCECF will include performance measures, using the previous year's quarterly reports; recommendation from the corporate governance; and input from safety committee staff and other relevant sources of safety outcome sources. This evaluation will include statistical trends. These reports will be presented to **The Safety Committee** for review. The facility leadership will rank opportunities for improvement in this function.

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